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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/069,180	
		Filing Date	2/15/2002	
		First Named Inventor	S. OHKAWA	
		Group Art Unit	tba	
		Examiner Name	tba	
Total Number of Pages in This Submission		5	Attorney Docket Number	2628 US0P

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard. Form PTO 1449. Cited References (4)		
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Remarks</td> <td>The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.</td> </tr> </table>			Remarks	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark Chao, Ph.D., JD, Reg. No. 37,293
Signature	
Date	3/11/03

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text" value="3/11/03"/>	
Typed or printed name	Gail L. Winokur
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/069180
Filed: 2/15/2002
1st Inventor: OHKAWA
For: Tricyclic Dibenzofuran Derivatives, Process for the Preparation Thereof and Agents
Atty. Dkt. No. 2628US0P



Art Unit:
Examiner:
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Information Disclosure Statement

Commissioner for Patents
Washington, D.C. 20231
Sir:

Pursuant to 37 CFR §1.56, 1.97 and 1.98, applicants request consideration of the references listed on the attached form PTO-1449. A legible copy of each listed reference is enclosed.

Enclosed is a copy of the European Search Report dated FEB 6, 2003, in which these references were first brought to the Applicant's attention less than three-months prior to filing this information disclosure statement.

Should the Examiner believe that a conference with applicants' attorney would advance prosecution of this application, the Examiner is respectfully invited to call applicants' attorney.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mark Chao".

Mark Chao, Ph.D., Reg. No. 37,293
Elaine M. Ramesh, Ph.D., Reg. No. 43032
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